U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8/76		2. Fiscal	Year Covered From:		
			1 / 1 / 2004	Through: 12 / 31	/ 2004
3. Name and address of person	on filing.	4. Name	, file number, and address of I	labor organization.	
Name Yvette	M Hoeg	Name	Teamsters Local Un	ion No. 301	
En er an an anterior a make an anterior and a superior and a superior and a superior and the superior and th	man and him and the minimum company, every control of the second c	Labor	Organization File Number C	25-052	
			· ·		
P.O. Box, Bldg., Room No., if	any	P.O. E	Box, Building and Room Numb	per, if any	
Street 36990 N. Gree	nbay Road	Street	36990 N. Greenbay	Road	
City Waukegan		City	Waukegan	nga mangangan mengangan Barang an antahan terbesah dan berahan	
State Illinois	ZIP Code + 4 60087-3406	State	Illinois	ZIP Code + 4	60087-3046
5. Position in labor organization	n. ,				
	Recording Secretary		t to tottottottottottottottottottottotto		
monetary value from an em	ged in transactions (including loans) with, or ployer whose employees your organizat eyer (including trade name, if any).	ion repres	sents or is actively seeking ure of Interest, Transaction, or	to represent.	***************************************
gride special common communication and contract communications and contract communications and contract communications are contracted as a contract	yer (including trade name, if any).				
Name		gravitanian nag			
Trade Name, if any:		And the second of the second o			:
P.O. Box, Bldg., Room No., it	fany				
Dim at 1		7.b. Am	ount.		
Street					
City		and the first	The state of the s		
State	ZIP Code + 4				
	Sign	nature		. 11: -	
submitted in this report (inclu	ion. The undersigned declares, under penalty of uding the information contained in any accompan and belief, true, correct, and complete. (See the se	ying docum	ents), has been examined by		
		- F			,
Signed	17/00	On	8-12-05 (S	747)(33 Telephone Numb	. 5 <u>/3</u> 0
——————————————————————————————————————	· <i>U</i> / /			,p.,	
orm LM-30 (2003)					Page 1 of

Name of Person Filing Yvette Hoeg	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name Local 301 I. B. of T. Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 36990 N. Greenbay Road  City Waukegan	9. Business deals with:  a. Labor Organization b. Trust c. Employer		
State Illinois ZIP Code + 4 60087-3406   10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Local 301 I.B. of T. Pension Fund is related through common membership to Teamsters Local 301. The organizations share office space and employees. The Pension Fund also provides pension benefits to covered union members.		
Street	11.b. Approximate dollar value of such dealing. \$250,000		
State ZIP Code + 4	12.a. Nature of interest held or income received.  Income received represents estimated value of meals and related expenses for individual and guest at annual Pension dinner meeting.		
	12.b. Amount. \$135		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	THE CAMPACONICAL ISSUES OF THE CAMPACONICAL ISSU		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Yvette Hoeg File Number U-	Name of Person Filing Yvette Hoeg	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Prudential Investment Management Services  Trade Name, if any:	a. Labor Organization	
Haue Name, II any.	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street Three Gateway Center, 14th Floor	c. Employer	
City Newark		:
State New Jersey ZIP Code + 4 07102-4077		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and a control control of the control
Name Local 301 I.B. of T. Pension Fund	Prudential Investment Management So investments for the Local 301 I.B. Fund.	
Trade Name, if any:	i did.	of A some West Advantage
P.O. Box, Bldg., Room No., if any		To the second se
Street 36990 N. Greenbay Road		W
City Waukegan		
State Illinois ZIP Code + 4 60087-3406	11.b. Approximate dollar value of such dealing.	\$200,000
	12.a. Nature of interest held or income received.	
	Value of meals paid by Prudential of town meeting.	during an out of
	and the state of t	
	1	Water 1921 1
	12.b. Amount.	\$91

				· · · · · · · · · · · · · · · · · · ·	
Name of Person Filing	Yvette Hoeg	3	F	File Number <b>U-</b>	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (includ	ling trade name,	if any).	9. Business deals with:	
Name Local 301 I.B. of T. Health & Welfare Fund		a. Labor Organization		
Trade Name, if any:	Marinda — a a administra y consequence de la consequence de la consequence de la consequence de la consequence	annoth a con-	a. Edsor Organization	
P.O. Box, Bldg., Room No., if any	en e		b. Trust	
Street 36990 N. Greenbay Road			c. Employer	
			Topper and	
City	te tentrate i strugt a tra const et engliste a compromisión de la compressión de la	and the second of the second o		
State Illinois	ZIP Code + 4	60087-3406		
10. If 9.b. or 9.c. is checked give trust or emp	ployer's name.		11.a. Nature of such dealing.	
Name			Local 301 I.B. of T. Health & Welfare Fund related through common membership to Teams	
Trade Name, if any:		named and	Local 301. The organizations share office semployees. The Health & Welfare Fund also health benefits to covered union members.	space and
P.O. Box, Bldg., Room No., if any	Market en provide proprieta proprieta proprieta proprieta proprieta proprieta proprieta proprieta proprieta po		meatin benefits to covered diffor members.	and the second
Street	re or menters con a grown patricina day on his grape we have	MANAGEMENT COLUMN STATEMENT OF STATEMENT AND COLUMN STATEMENT OF STATEMEN		- Pr
				!
City	white the second	a kan ayandaddiga dhabhaba a anad an atada a tadab		
State	ZIP Code + 4		11.b. Approximate dollar value of such dealing.	\$875,000
			12.a. Nature of interest held or income received.	
			Reimbursement of out of town travel expense related to attendance at Trustees' meeting incurred in connection with position as Med Claims Administrator.	;
				147 c . 1
			12 h Amount	60 530
			12.b. Amount.	\$2,530